

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

6/19/01

CLAI

| NO. | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|---------------------|------|---------------------|------|--------------|------|---------------------|------|---------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | | | | | | | | | | | | |
| 1 | 1 | | - | | | | 1 | | | | | |
| 2 | | 1 | | | | | 2 | | | | | |
| 3 | | 2 | - | | | | 3 | | | | | |
| 4 | | 1 | | | | | 4 | | | | | |
| 5 | | 1 | | | | | 5 | | | | | |
| 6 | | 1 | | | | | 6 | | | | | |
| 7 | | 1 | | | | | 7 | | | | | |
| 8 | | 1 | | | | | 8 | | | | | |
| 9 | | 1 | | | | | 9 | | | | | |
| 10 | | 1 | | | | | 10 | | | | | |
| 11 | | 1 | | | | | 11 | | | | | |
| 12 | | 1 | | | | | 12 | | | | | |
| 13 | | 1 | | | | | 13 | | | | | |
| 14 | | 1 | | | | | 14 | | | | | |
| 15 | | 1 | | | | | 15 | | | | | |
| 16 | | 1 | | | | | 16 | | | | | |
| 17 | | 1 | | | | | 17 | | | | | |
| 18 | | 1 | | | | | 18 | | | | | |
| 19 | | 1 | | | | | 19 | | | | | |
| 20 | | 1 | | | | | 20 | | | | | |
| 21 | | 1 | | | | | 21 | | | | | |
| 22 | | | 1 | | | | 22 | | | | | |
| 23 | | | 1 | | | | 23 | | | | | |
| 24 | | | 1 | | | | 24 | | | | | |
| 25 | | | 1 | | | | 25 | | | | | |
| 26 | | | 1 | | | | 26 | | | | | |
| 27 | | | 1 | | | | 27 | | | | | |
| 28 | | | 1 | | | | 28 | | | | | |
| 29 | | | 1 | | | | 29 | | | | | |
| 30 | | | 1 | | | | 30 | | | | | |
| 31 | | | 1 | | | | 31 | | | | | |
| 32 | | | 1 | | | | 32 | | | | | |
| 33 | | | 1 | | | | 33 | | | | | |
| 34 | | | 1 | | | | 34 | | | | | |
| 35 | | | 1 | | | | 35 | | | | | |
| 36 | | | 1 | | | | 36 | | | | | |
| 37 | | | - | | | | 37 | | | | | |
| 38 | | | - | | | | 38 | | | | | |
| 39 | | | - | | | | 39 | | | | | |
| 40 | | | - | | | | 40 | | | | | |
| 41 | | | - | | | | 41 | | | | | |
| 42 | | | - | | | | 42 | | | | | |
| 43 | | | - | | | | 43 | | | | | |
| 44 | | | - | | | | 44 | | | | | |
| 45 | | | - | | | | 45 | | | | | |
| 46 | | | - | | | | 46 | | | | | |
| 47 | | | - | | | | 47 | | | | | |
| 48 | | | - | | | | 48 | | | | | |
| 49 | | | - | | | | 49 | | | | | |
| 50 | | | - | | | | 50 | | | | | |
| TOTAL IND. | 1 | | 2 | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | 20 | | 14 | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | 21 | | 16 | | | | TOTAL CLAIMS | | | | | |